

**Memorandum of Agreement between \_\_\_\_\_ System of Care and****Child Name & Family/Caregiver Name(s):** \_\_\_\_\_

This agreement, entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by and between \_\_\_\_\_ System of Care (SOC) and the family members to be served by the project. The purpose of \_\_\_\_\_ is to fully involve the families of children and adolescents in the program by developing and implementing individualized service plans that are strength-based, culturally and community relevant, and draw upon non-traditional resources.

**\_\_\_\_\_ agrees to:**

1. Support parents and family members so they can effectively participate in the creation and implementation of strength-based individualized service plans for their children.
2. Follow the values of System of Care.
3. Identify a Service Coordinator who will bring together the Child and Family Team, develop and implement an individualized service plan for the child and family. \_\_\_\_\_ will help the family identify support people and provide a family representative.
4. Respect the family member's experience and expertise regarding their children.
5. Provide advocacy support for the family upon request.

**The Child and Family/Cargivers Agree to:**

1. Fully participate in development and implementation of strength-based assessment and individualized service plan.
2. Promptly inform the Service Coordinator of any changes in child circumstances.
3. Participate in project evaluations.

**What is Family Advocacy?**

Parenting a child with severe emotional/behavioral disorders has many more challenges than parenting the average child. Families must learn about the disorder itself and what it means for their child, as well as for the whole family. They must learn the language of the medical, legal, financial and special education world. They must find a way in a service system that may not provide appropriate support for the parents or the children. The \_\_\_\_\_ Parent Advocate group will help address those barriers to appropriate services by providing support, information, and intervention for these families. One of the most meaningful forms of support is to connect with other parents or family members who have experienced living with a child with severe emotional/behavioral disorders. \_\_\_\_\_ helps families connect with other trained parents who 'have been there' and can act as a systems navigator in their community. The following are activities provided by \_\_\_\_\_ Advocates on an on-going basis.

**Activity 1:** To provide information that parents with children with severe emotional/behavioral disorders need to understand their child's disorder & advocate for their child:

- Provide information for families related to their rights according to the law & policies
- Provide information for families about their child's disorder/disability
- Provide information for families on the nearest support groups and treatment services in the area

**Activity 2:** To provide information and/or limited intervention for parents with children with severe emotional/behavioral disabilities to understand their child's disorder & advocate for their child:

- Facilitate monthly support group meetings for families
- Provide support for families at meetings with service providers
- Provide transportation for families for whom transportation is a challenge

**Activity 3:** When systems are not operating appropriately (e.g. agencies not changing despite local interventions at meetings), to contact the appropriate state agency (e.g. NCDPI, E.C.A.C., GACPD, ASNC, etc.) about unresolved issues.

- Refer families to the appropriate state agency
- Implement intervention measures after collaborating with the appropriate state agency

**Activity 4:** When state agencies recommend interventions to local service providers & those service providers still do not change their services, \_\_\_\_\_ sets up & facilitates local meetings between state agency representatives & local service providers.

- \_\_\_\_\_ works with families to document the fact that services for their child have not improved
- \_\_\_\_\_ uses education & role-play to walk parents through process of knowing expectations related to mediation & due process
- Redirects from negativity & blaming & focuses on working together on issues

☐ I would like to be contacted by a family advocate upon entering \_\_\_\_\_ System of Care and give my permission to be contacted by telephone, personal contact, or by mail.

By signing this I am stating that I understand \_\_\_\_\_ System of Care services are voluntary and I can withdraw this request for services at any time. The reason for the referral has been explained to me and I am interested in receiving help from \_\_\_\_\_. I understand that a review committee from community agencies (including but not limited to Department of Social Services, Office of Juvenile Justice, Health Department, Schools, Mental Health, and other child serving agencies) will review all the referral information and decide whether SOC is appropriate for my family. All parties participating on the review committee will sign a confidentiality agreement.

I understand that this agreement will remain in effect for the duration of services, and that I can cancel it at anytime with a written notice, except to the extent that services have already been provided.

**Signatures:**

\_\_\_\_\_  
Service Coordinator/Case Manager/Therapist

\_\_\_\_\_  
Primary Caretaker/legal guardian for Child Referred

\_\_\_\_\_  
Primary Caretaker / legal guardian for Child Referred